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**** CONTINUING DATA *******
N/A *DA*

**** FOREIGN APPLICATIONS *******
N/A *DA*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 04/14/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>DA</i> Examiner's Signature Initials	STATE OR COUNTRY TX	SHEETS DRAWING 6	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 3
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ADDRESS
40412

TITLE
System and method for secure network state management and single sign-on

FILING FEE RECEIVED 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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